

DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION <input checked="" type="checkbox"/> Declaration <input type="checkbox"/> Declaration Submitted with Submitted after Initial Initial Filing Filing (surcharge 37 CFR 1.16(c) required)	Attorney Docket No.	DFF-001
	First Named Inventor	Michael J. Duff
	COMPLETE IF KNOWN	
	Application Serial Number	Not yet assigned
	Filing Date	Herewith
	Group Art Unit	Not yet assigned
Examiner Name	Not yet assigned	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**ZERO-FORCE KEY ACTIVATION KEYBOARD WITH DYNAMIC INDIVIDUAL KEY
ILLUMINATION**

(Title of the Invention)

the specification of which

☒ is attached hereto
OR

☐ was filed on
(MM/DD/YYYY)

as United States Application Serial Number or PCT International

Application Number

and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose to the Patent Office all information known by me to be material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Serial Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application serial numbers are listed on a supplemental priority data sheet attached hereto.
60/447,573	02/14/2003	

DECLARATION – Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c), of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Serial Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet attached hereto.

As a named inventor, I hereby appoint the following registered practitioners to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☐ Customer Number

32836

?

Place Customer
Number Bar Code
Label Here

OR

☒ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
William G. Guerin Michael A. Rodriguez Leigh J. Martinson	41,047 41,274 50,749		

☐ Additional registered practitioners named on supplemental Registered Practitioner Information sheet attached hereto.

Direct all correspondence to:

Patent Administrator
Guerin & Rodriguez, LLP
5 Mount Royal Avenue
Marlborough, MA 01752
Tel. No.: (508) 303-2003
Fax No.: (508) 303-0005

Declaration and Power of Attorney

Atty. Docket No. DFF-001

Page 3 of 3

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
Michael J.				Duff				
Inventor's Signature	<i>Michael J. Duff</i>					Date	02/13/2004	
Residence	City	Sunnyvale	State	CA	Country	US	Citizenship	US
Post Office Address	555 E. Washington Avenue, #212							
P.O. Address (line 2)	City	Sunnyvale	State	CA	Postal Code	94086	Country	US
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) attached hereto.								
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
Inventor's Signature						Date		
Residence	City		State		Country		Citizenship	
Post Office Address								
P.O. Address (line 2)	City		State		Postal Code		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
Inventor's Signature						Date		
Residence	City		State		Country		Citizenship	
Post Office Address								
P.O. Address (line 2)	City		State		Postal Code		Country	